

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Adams for Congress

ADDRESS (number and street)  
▼

PO Box 878

Check if different  
than previously  
reported. (ACC)

Des Moines

IA

50304

2. FEC IDENTIFICATION NUMBER ▼

C

C00580282

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chay Williams

Signature of Treasurer

Chay Williams

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name

Adams for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10370.00	34316.08
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10370.00	34316.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12755.22	30355.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	106.80	106.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	12648.42	30248.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3907.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	12731.30	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 18

Write or Type Committee Name

Adams for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8400.00

27621.31

(ii) Unitemized.....

1970.00

6694.77

(iii) TOTAL of contributions from individuals ▶

10370.00

34316.08

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

10370.00

34316.08

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) .....

106.80

106.80

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10476.80

34422.88

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12755.22	30355.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	160.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12755.22	30515.52

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6185.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10476.80
25. SUBTOTAL (add Line 23 and Line 24).....	16662.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12755.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3907.36

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 18

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Adams for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dunlap Alexander**

Mailing Address 5608 Maxon Marsh DR

City	State	Zip Code
Powder Springs	GA	30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flock Specialty FinanceOccupation  
Business Development

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period

250.00

1510014000

**B.** Full Name (Last, First, Middle Initial)  
**Decker Barbara**

Mailing Address 3200 SE 31st Street

City	State	Zip Code
Des Moines	IA	50321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

1000.00

1601040001

**C.** Full Name (Last, First, Middle Initial)  
**Crawford Clint**

Mailing Address 2700 Pine Tree Road NE

City	State	Zip Code
Atlanta	GA	30324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manhattan AssociatesOccupation  
Engineering

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period

2000.00

1511033000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

A. Nettles Cory

Mailing Address 233 E. Ravine Baye Rd

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quarles

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

300.00

1512313000

Full Name (Last, First, Middle Initial)

B. Goens Don

Mailing Address 3037 Lawrence crescent

City

flossmoor

State

IL

Zip Code

60422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FSH communications

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period

250.00

1512314000

Full Name (Last, First, Middle Initial)

C. Fair Francis

Mailing Address 12315 Sunflower Drive

City

Urbandale

State

IA

Zip Code

50323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period

250.00

1512304000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Adams for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Cole James</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 10 Nurmi Drive		<b>Transaction ID : SA11AI.4398</b>	
City Fort Lauderdale	State FL	Zip Code 33301	Amount of Each Receipt this Period 250.00 1512303000
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Huston Janet</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2015	
Mailing Address 824 18th Street Apartment 1		<b>Transaction ID : SA11AI.4360</b>	
City Des Moines	State IA	Zip Code 50314-1132	Amount of Each Receipt this Period 2500.00 1510290001
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Adaway Kerry</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2015	
Mailing Address 13216 Holcomb Drive		<b>Transaction ID : SA11AI.4344</b>	
City Urbandale	State IA	Zip Code 50323	Amount of Each Receipt this Period 300.00 1510113000
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group, Inc.	Occupation Information Technology		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3050.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Adams for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Brown Larry</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		26		2015									
Mailing Address 4205 Oakwood Lave		<b>Transaction ID : SA11AI.4352</b>											
City West Des Moines	State IA	Zip Code 50265	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. <div>C</div>		1510260001											
Name of Employer BCDG, LP	Occupation CEO												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>							1000.00					
				1000.00									
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phillips Thomas</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		21		2015									
Mailing Address 31398 Chardonay Point		<b>Transaction ID : SA11AI.4346</b>											
City Waukee	State IA	Zip Code 50263	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>300.00</td> </tr> </table>					300.00					
				300.00									
FEC ID number of contributing federal political committee. <div>C</div>		1510214000											
Name of Employer None	Occupation None												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>300.00</td> </tr> </table>							300.00					
				300.00									
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> </tr> </table>										
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>1300.00</td> </tr> </table>						1300.00					
				1300.00									
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td>8400.00</td> </tr> </table>						8400.00					
				8400.00									



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

82.24
-------

Transaction ID : SB17.4437

**B. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

527.31
--------

Transaction ID : SB17.4438

**c. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

90.49
-------

Transaction ID : SB17.4439

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.04
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

258.41
--------

Transaction ID : SB17.4440

**B. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4441

**c. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4442

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

308.41

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.4443

**B. Advantage Payroll**

Mailing Address 126 Merrow Rd.

City	State	Zip Code
Auburn	ME	04210-8896

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4444

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

57.95
-------

Transaction ID : SB17.4462

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

122.95



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Carter Printing**

Mailing Address 1739 E. Grand Ave.

City	State	Zip Code
Des Moines	IA	50316

Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

330.08
--------

Transaction ID : SB17.4449

**B. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 FLEUR DRIVE

City	State	Zip Code
DES MOINES	IA	50321

Purpose of Disbursement  
JJ Dinner Tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : SB17.4452

**C. Nation Builder**Mailing Address 520 S. Grand Ave  
2nd Floor

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement  
Software License Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

179.10
--------

Transaction ID : SB17.4460

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

749.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. NGP VAN**Mailing Address 1101 15th St., NW  
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software License Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

2700.00
---------

Transaction ID : SB17.4458

**B. Political C.F.O.s., Inc.**

Mailing Address 2452 Vale Way

City Erie State CO Zip Code 80516

Purpose of Disbursement  
Accounting & Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

Amount of Each Disbursement this Period

427.08
--------

Transaction ID : SB17.4468

**c. Adam Schantz**Mailing Address 2824 Grand Ave.  
Unit 309

City Des Moines State IA Zip Code 50312

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

1656.19
---------

Transaction ID : SB17.4474

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4783.27

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Adam Schantz**Mailing Address 2824 Grand Ave.  
Unit 309City State Zip Code  
Des Moines IA 50312Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

729.10
--------

Transaction ID : SB17.4451

**B. Nation Builder**Mailing Address 520 S. Grand Ave  
2nd FloorCity State Zip Code  
Los Angeles CA 90071Purpose of Disbursement  
Software License Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

179.10
--------

Transaction ID : SB17.4451.0

[MEMO ITEM]

**c. Grand Colony**

Mailing Address 319 7th St.

City State Zip Code  
Des Moines IA 50309Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

550.00
--------

Transaction ID : SB17.4451.1

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

729.10
--------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Adams for Congress

Full Name (Last, First, Middle Initial)

**A. Adam Schantz**Mailing Address 2824 Grand Ave.  
Unit 309City State Zip Code  
Des Moines IA 50312Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

828.09
--------

Transaction ID : SB17.4475

**B. Signapay**Mailing Address 105 Decker Court  
Suite 650City State Zip Code  
Irving TX 75062Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

70.45
-------

Transaction ID : SB17.4431

**c. Signapay**Mailing Address 105 Decker Court  
Suite 650City State Zip Code  
Irving TX 75062Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

848.88
--------

Transaction ID : SB17.4432

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1747.42



X	17		18		19a		19b
	20a		20b		20c		21

## Adams for Congress

### A. Signapay

Category/  
Type

District:

17.65

Transaction ID : SB17.4433

### B. Swift CPA

Category/  
Type

District:

Transaction ID : SB17.4447

**C.**

M M / D D / Y Y Y Y

Category/  
Type

District:

--

67.65

12209.87

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Adams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Rania Batrice**

Nature of Debt (Purpose):

General Campaign Consulting

Mailing Address 2824 Grand Ave

City State

Zip Code

Des Moines

IA

50312

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.4334

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

5500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**J. Narcisse Enterprises**

Nature of Debt (Purpose):

Story of Desmond Production Costs

Mailing Address 813-25th Street

City State

Zip Code

Des Moines

IA

50312

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4490

Amount Incurred This Period

679.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

679.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Political C.F.O.s., Inc.**

Nature of Debt (Purpose):

Accounting &amp; Compliance Services

Mailing Address 2452 Vale Way

City

State

Zip Code

Erie

CO

80516

Outstanding Balance Beginning This Period

5750.00

Transaction ID : SD10.4333

Amount Incurred This Period

802.09

Payment This Period

0.00

Outstanding Balance at Close of This Period

6552.09

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

12731.30

2) **TOTALS** This Period (last page this line number only) ..... ▶

12731.30

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

12731.30